



***Civilian Human
Resources Agency***



Erroneous Payment of Living Quarters Allowance

Notification of Debt, and Debt Waiver Process



Civilian Human Resources Agency



Debt Notification Process

- Once an employee is notified by the Department of the Army (via command personnel) of erroneously receiving Living Quarters Allowance, the Department of Army will notify the civilian payroll office.
- The civilian payroll office will only issue one written demand (debt notification) known as the 'Due Process Debt Letter' to the employee, notifying them of their TOTAL debt amount. It will include both online (within 65 pay periods) and offline (over 65 pay periods, computed manually) debt.



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Debt Notification Process

Explanation of Sample Demand Letter

(1) The title or office symbol/code of the civilian payroll office.

(2) The full name of the employee.

(3) A brief but comprehensive explanation of how the overpayment occurred (e.g., over accrued annual leave, premature step increase, or overtime paid but not worked). Always include the pay periods for which the overpayments occurred and the dollar amount for each pay period. If the computation is complex, it may be included as an attachment to the letter. In some cases, a three-column table may be helpful. The three columns reflect amount entitled, amount paid, and the differences (the amount of the indebtedness).

(4) The gross dollar amount of the debt.

(5) The office to which the check or money order is to be made payable.

(6) The net dollar amount of the debt.

(7) The mailing address of the disbursing office.

(8) The date the involuntary deduction from pay begins.

(9) The estimated amount of disposable pay.

(10) Fifteen percent of (9).

(11) Divide (4) by the amount determined in (10) and round to the next highest number. Note: For debts in which (10) is greater than (4), this entire sentence and the one preceding it can be deleted from the letter.

FROM: (1)

TO: (2)

SUBJECT: Overpayment of Pay and/or Allowances

This is to inform you that you have been overpaid as the result of _____. (3) Unfortunately, this overpayment causes you to be indebted to the United States in the gross amount of \$ _____. (4) and as a result, we are required by law and regulations to initiate collection action.

Please send a personal check or money order payable to _____ (5) in the amount of \$ _____ (6) along with a copy of this letter to _____ (7) within 30 days. If you are financially unable to pay the full amount, you and the civilian payroll office may establish a written agreement for repayment of the debt by installment deductions from your pay. Please advise the civilian payroll office within 30 days if you wish to request this method of repayment.

If you do not repay the debt in full or establish a repayment schedule within 30 days, we are required to collect the debt involuntarily from your pay, beginning on _____. (8) The maximum amount deductible under these circumstances is 15 percent of your disposable pay each pay period until the debt is repaid in full. Our estimates of your disposable pay, based on current payroll information, is \$ _____. (9) Therefore, the maximum deductions would be \$ _____. (10) and repayment of the principal amount of the debt would take approximately _____. (11) pay periods.

If you repay this debt in the same year that the overpayment occurred, you may repay the debt in the net amount, and we accordingly will adjust your taxable wages and taxes withheld. If you do not repay your debt in full in the same year as the overpayment occurred, you are also will be required to pay all income taxes applicable to the unpaid debt balance. You will receive a statement that you may file with your tax return indicating you repaid an overpayment that occurred in a prior tax year.

We encourage that you promptly pay this debt since interest, computed at the Treasury tax and loan rate, will be assessed from the date of this letter on any part of the debt not paid within 30 days of the date of this letter. Also, an administrative charge to cover the cost of processing a delinquent debt will be assessed on any part of the debt not paid within 30 days. In addition, a penalty charge of 6 percent per annum will be assessed on any portion of the debt that is delinquent for more than 90 days.



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Debt Notification Process

- Included in the written demand (due process debt letter) to the employee for voluntary lump-sum payment, will be a Voluntary Repayment Agreement (VRA) which the employee should complete and return to the Defense Finance and Accounting Services (DFAS) within 45 days.



Civilian Human Resources Agency Debt



Sample Voluntary Repayment Letter

Voluntary Repayment Agreement for Civilian Payroll Indebtedness

I understand that I owe the amount indicated below due to a salary overpayment. Should I fail to return this repayment agreement, 15 percent of my disposable pay will be deducted beginning in the stated pay period. An estimate of this amount is shown below.

I also understand that if I decide to repay the amount owed by any method other than in a lump sum payment, interest at the Treasury tax and loan rate may be charged on the unpaid balance every month until the debt is paid in full.

Please sign and return this repayment agreement to your payroll office.

FAX to (317) 510-9795, 9796, 9797, or 9798 or mail to DFAS-IN, Civilian Pay, 8899 East 56th Street, Indianapolis, IN 46249-1900.

Debt Reason _____
Sequence Number _____
Amount Owed _____
Est. Disposable Net Amount _____
Est. Deduction Amount 15% of net disposable _____
PPE Deductions will begin _____

Code _____ Debt Dates _____ Creation Date _____
LOA _____

Employee's Name _____ SSN _____ Pay Blk _____ DB _____

I choose the following repayment plan (Check one):

1. I am repaying what I owe in a lump sum. My payment in the amount of \$ _____ is enclosed. Make check payable to DFAS-CL DSSN 8522 and mail to DFAS-CL/FTB, P. O. Box 99555, Cleveland, OH 44199 and fax this form to (317) 510-9771 or DSN 699-9771.

2. Deduct from my salary the total amount in pay period ending _____.

3. I do not want to pay it all at once. You may deduct \$ _____ each pay period, which is more than 15 percent of my disposable pay.

**4. I am unable to pay 15 percent of my disposable pay because of a financial hardship. You may deduct \$ _____ each pay period. This repayment amount has been approved by my employing agency. (Signature of agency approving official is required below).

Signature: _____ Date: _____
Daytime Telephone Number: _____

**Approving Official's Signature/Date

THIS FORM CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

Notification Process

- All employees should complete a Voluntary Repayment Agreement.
- If you fail to return your repayment agreement form to DFAS, 15 percent of your disposable pay will be deducted from your earnings.
- If you are unable to pay 15 percent due to a financial hardship you may request a reduced deduction. (\$25.00 per pay period is the minimum amount authorized).
- Signature of the approving official and daytime telephone number is required on your Voluntary Repayment Agreement.
- Fax your repayment agreement form to 866-401-5849.



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Waivers of Erroneous Payments of Allowances

- After completion/submission of the voluntary repayment form, employees should begin the waiver application process.
- A waiver may be granted only when the collection would be against equity and good conscience and not in the best interests of the United States.

NOTE: It is important to stress that employees do not dispute the debt while completing the waiver package. Disputing the debt on the DD2789 will result in packages being rejected.



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Application Process

WAIVER/REMISSION OF INDEBTEDNESS APPLICATION (If more space is needed, continue on separate sheet(s). Identify each item by number.)		OMB No. 0730-0009 OMB approval expires Nov 30, 2008	
<small>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0730-0009). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small>			
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEPARATED MILITARY OR FORMER CIVILIAN EMPLOYEES, RETURN COMPLETED FORM TO: DFAS-IN, DEPT. 3300 (WAIVER/REMISSION), 8899 EAST 56TH STREET, INDIANAPOLIS, IN 46245-3300.			
ACTIVE DUTY MILITARY, GUARD/RESERVE, RETIRED OR ANNUITANT PAY RECIPIENTS, CIVILIAN EMPLOYEES, RETURN COMPLETED FORM TO THE ADDRESS LISTED ON THE DEBT NOTIFICATION LETTER FOR COMPLETION OF BACK SIDE.			
PRIVACY ACT STATEMENT AUTHORITY: E.O. 9397 (SSN). PRINCIPAL PURPOSE: To be used by civilian employees (current, former, or retired) and military members (active, separated, or retired), and annuitants to request waiver of indebtedness collection for erroneous payments of salary or pay and allowances, and expense reimbursement or allowances for travel, transportation, and relocation; or in the case of enlisted members, remission of these debts. ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. Section 552a of the PA, this information may be disclosed to the Department of Justice or to commercial credit agencies, whenever a financial status report is requested by the Department of Defense (DoD) for use in administering the Federal Claims Collection Act. It may also be disclosed for any of the blanket routine uses as published in the Federal Register at the beginning of the DFAS compilation of PA system notices. DISCLOSURE: Disclosure is voluntary; however, failure to disclose the requested data, including your Social Security Number, may prevent consideration of the claim.			
1. TYPE OF CLAIM (X one) <input type="checkbox"/> WAIVER <input type="checkbox"/> REMISSION			
Authority for granting waiver: Active/Retired Military - 10 U.S.C. 2774; National Guard - 32 U.S.C. 716; Civilian - 5 U.S.C. 5584; Annuitant - 10 U.S.C. 1442/1453. Remission: Army - 10 U.S.C. 4837; Navy - 10 U.S.C. 6161; Air Force - 10 U.S.C. 9837. Note: Remission generally is applicable for active duty enlisted personnel only, see DoDFMR, Volume 7A.			
SECTION I - CIVILIAN/MILITARY/RETIREE/ANNUITANT INFORMATION			
2. NAME (Last, First, Middle Initial)		3. RANK/GRADE	4. SOCIAL SECURITY NUMBER
5. AGENCY/SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> NAVY _____ <input type="checkbox"/> AIR FORCE _____ <input type="checkbox"/> MARINE CORPS _____		6. STATUS (X applicable block and provide date (YYYYMMDD) for end of enlistment period (EOE), retirement (DOR), separation (DOS), or service computation date (SCD), as appropriate.) ACTIVE EOE: _____ SEPARATED DOS: _____ GUARD/RESERVE EOE: _____ DOD CIVILIAN SCD: _____ RETIRED DOR: _____ ANNUITANT	
7. CURRENT COMPLETE MAILING ADDRESS (Street, City, State, ZIP Code)		8. PLACE OF ASSIGNMENT OR EMPLOYMENT	9. TELEPHONE (include DSN or area code) a. WORK _____ b. HOME _____ c. E-MAIL ADDRESS: _____

- To begin the process-locate the Waiver /Remission of Indebtedness Application DD Form 2789 on the DFAS claims/waivers page at <http://www.dfas.mil/civilianemployees/debt/debtwaivers.html>
-
- On the form, indicate the type of claim you are submitting (question 1) and then complete Section 1 as applicable.



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The Application Process

- In LIEU of a DD Form 2789, waiver requests may also be submitted in memo format.
- Your written memo must contain your:
 - Full Legal Name
 - Daytime Telephone
 - E-mail Address
 - Mailing Address
 - Social Security Number
 - Signature and Date
- It must also include:
 - A statement indicating that you are requesting a Waiver of Indebtedness and your reason for doing so
 - The type of debt you want waived
 - The date and manner in which you became aware of the overpayment(s)
 - A clear, concise signed statement that you were not aware that you were overpaid
 - A statement detailing your efforts to resolve the overpayment
 - Your refund request for any collection(s) made on the debt, including why you feel your waiver request should be approved
 - A statement as to whether you received Leave and Earnings Statements (LES)



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Documentation

All waiver requests also require:

- Copies of each LES for the **three pay periods prior to the overpayment(s) through and including three pay periods after the overpayment(s).**

- If you are unable to obtain all required LES, you must include a statement indicating each specific pay period's LES is unavailable and the reason why they are unavailable.

SAMPLE FORM

Department of Defense CIVILIAN LEAVE AND EARNINGS STATEMENT VISIT THE DFAS WEBSITE AT: WWW.DFAS.MIL										1. PAY PERIOD END 08/14/03	
										2. PAY DATE 12/05/03	
3. NAME DOE JANE Q		4. PAY PLAN/AGENCY GS12 / 02		5. HOUR/YEARLY RATE 22.16		6. BASIC PAY 25.25		7. BASIC PAY + LOCALITY + ADJUSTED BASIC PAY 43876.00 + 23788 = 46254.00			
8. SOCIAL SECURITY 999-99-9999		9. LOCALITY % 5.42		10. FLSA CATEGORY E		11. ACU LEAVE 12/02/88		12. MAX LEAVE CARRY OVER 240		13. LEAVE YEAR END 01/01/00	
14. FINANCIAL INSTITUTION - ALLIANCE #1 AMSOUTH BANK OF FLORIDA				15. FINANCIAL INSTITUTION - ALLIANCE #2 PEN AIR FEDERAL CREDIT UNION				16. FINANCIAL INSTITUTION - ALLIANCE #3 WARRINGTON BANK			
17. TAX FED S 1 AL S P1/D10 GA S 1		18. TAX 100003 S 11 100006 S 1		19. TAX MOBILE NR LILLIAN		20. CUMULATIVE RETIREMENT		21. MILITARY DEPOSIT			
24. GROSS PAY 1810.58		25. TAXABLE WAGES 1668.86		26. NONTAXABLE WAGES 235.39		27. TAX DEFERRED WAGES 934.53		28. DEDUCTIONS AEIC NET PAY 876.15		29. YEAR TO DATE 27751.80 26358.40 1393.40 12267.97 15493.83	
30. TSP DATA 13%											
CURRENT EARNINGS											
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT	
REGULAR		80.00		1772.80							
RETROACTIVE EARNINGS											
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT	
OVERTIME		1.50		37.88							
DEDUCTIONS											
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE	
ALLOTMENTS SV (1)				175.00		2675.00		FELI		C	
MEDICARE				26.25		402.40		RETIRE, FERS		K	
FEHB		104		23.22		369.04		CHARITY		AA	
TAX, FEDERAL				288.42		4518.52		OASDI		112.26	
TAX, LOCAL		100006		10.00		10.00		TAX, LOCAL		100003	
TAX, STATE		GA		10.79		175.72		TAX, STATE		AL	
								TSP SAVINGS		235.39	
										1487.61	
LEAVE											
TYPE		PRIOR YR. BALANCE		ACCUMULATED PAY TO DATE		ACCUMULATED YTD		USED PAY TO DATE		USED YTD	
ANNUAL		177.00		6.00		90.00		1.00		59.50	
SICK		47.25		4.00		60.00		4.00		32.00	
HOLIDAY										32.00	
ADMIN										12.00	
BENEFITS PAID BY GOVERNMENT FOR YOU											
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE	
MEDICARE		26.25		402.40		RETIRE, FERS		14.18		216.78	
OASDI		105.55		955.22		FEHB		123.44		369.04	
REMARKS											



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Documentation

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT (SF-1190)					FOR OFFICIAL USE ONLY	
1. Employee Name (Last, First, MI)			2. Social Security Number			
3. Agency			4. Bureau/Office			
5. Pay Plan			6. Series			
7. Grade			8. Annual Salary			
9. Position Title			10. Current Post/Country of Assignment/Locality			
11. Date of Arrival (mm-dd-yyyy)			12. Previous Post of Assignment			
13. Mailing Address			13a. E-mail Address			
14. If Local Hire: Date (mm-dd-yyyy)			14a. Reason for Presence			
15. If Spouse or Domestic Partner is Employed by the U.S. Government <input type="checkbox"/> Yes <input type="checkbox"/> No						
Spouse or Domestic Partner Name (Last, First, MI)			Social Security Number		Allowances Received	
16. Family Domiciled at Post						
Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner (mm-dd-yyyy)	% Support	Date of Arrival at Post (mm-dd-yyyy)	Allowances Received	
17. Family Domiciled Away from Post						
Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner (mm-dd-yyyy)	% Support	Date of Departure from Post (mm-dd-yyyy)	Residence Address/Telephone Cell Phone/E-mail (please provide all)	
18. Remarks						

• Photocopies of all supporting documentation for the indebtedness. (This is in addition to the Leave and Earnings Statements.) Required supporting documentation varies by the type of debt you have.

- **For Foreign Entitlement Debt:** Foreign Allowances Application, Grant and Report, Standard Form 1190 (SF-1190) and Military Orders, if applicable.

***NOTE:** Your SF-1190 must be



~~Civilian Human Resources Agency Required~~



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

JAN 3 2013

Documentation

- January 3rd Memo, Subject: Erroneous Payment of Living Quarters Allowance to Certain Employees from Office of the Under Secretary of Defense.

- Notification of Result of Department of Defense Instructed Audit of Employees' Records concerning Payment of Living Quarters Allowance (LQA).

- Command Recommendation for Waiver Approval. Acceptable in Memo format OR completion of section 20-22b on DD form 2789.

- (Sec Def Recommendation Memo to the DEAC)

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Erroneous Payment of Living Quarters Allowance to Certain Employees

The purpose of this memorandum is to address concerns regarding the possible erroneous payment of living quarters allowance (LQA). This concern was raised by the U.S. European Command (EUCOM) for employees in their area of responsibility (AOR), though this situation may not be unique to them.

In accordance with section 031.12b of the Department of State Standardized Regulations (DSSR), employees hired overseas after working for more than one employer are not eligible to receive LQA, and any LQA paid to these employees under these conditions are subject to repayment to the government since any such payments were erroneous. EUCOM has stated that



OFFICE SYMBOL

MEMORANDUM FOR "Employees Name"

SUBJECT: Notification of Result of Department of Defense Instructed Audit of Employees' Records concerning Payment of Living Quarters Allowance (LQA)

1. References:

a. Department of State Standardized Regulation (DSSR), Section 031.12a and b., last updated 30 August 2009

OFFICE SYMBOL

MEMORANDUM FOR "Employees Name"

SUBJECT: Command Recommendation for Waiver Approval

1. References:

a. Memorandum, Office of the Under Secretary of Defense, 03 January 2013, subject: Erroneous Payment of Living Quarters Allowance to Certain Employees.





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Suggested Documentation

- The following documentation is highly recommended by DFAS to include in, but not a required part of, the waiver package:
 - Copy of tentative or firm Job offer from the Civilian Personnel Advisory Center (CPAC) indicating LQA eligibility.
 - Email traffic or correspondence from the CPAC which includes reference to, discussion or mention of, approval or granting of LQA eligibility.
 - SF-50s from overseas appointments/actions (mainly reassignments, promotions, changes to lower grade taking the employee overseas or during overseas employment)



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Additional Information

- DFAS will hold on debt collection until a decision is made on your waiver request. If you do not submit a waiver request in a timely manner, DFAS will notify you of their intent to collect. If you fail to return your repayment agreement form to DFAS, 15 percent of your disposable pay will be deducted from your earnings.
- **To Submit Your WAIVER Application** Fax your waiver request and the required documentation to **866-401-5849 or DSN 501-366-0354**
- If your waiver package arrives at the payroll office **with missing documentation**, it will be returned to you with a letter requesting the needed documents. You must re-submit your ENTIRE waiver package with these documents in order for your waiver application to be considered.
- **You must file a waiver application within 3 years after the erroneous payment was discovered.**



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Additional Information

• To ensure DFAS can contact indebted employees, verify your correct address is on file with DFAS. To do this, follow the steps below:

- Access my pay at <https://mypay.dfas.mil/mypay.aspx> and enter your Login ID and Password or, click on SmartCard Login.
- A new screen will populate, providing a list of options. Click on Correspondence Address.
- Verify the address on the screen is correct. Make any necessary changes and click 'SAVE'.



The myPay login screen features a blue header with the myPay logo and a key icon. Below the header, there are links for Accessibility, Security, and Privacy. The main content area is divided into two sections: Log In and Important Information. The Log In section includes fields for Login ID and Password, a Go button, and a SmartCard Login button. The Important Information section contains a warning about protecting personal information, a link to Important Online Security Tips, and myPay NEWS about 2012 Tax Statements.

myPay

Accessibility | Security | Privacy Not

Log In

Account Access

Login ID:

Password: Go

To enter your Password more securely, click on the On-Screen Keyboard link below.

On-Screen Keyboard

SmartCard Login

DoD CAC or HHS PIV

Important Information

Protect Your Personal Information

Before logging in to myPay or any online account, you should take precautions to protect your computer and to help keep your identity safer, be aware of the signs of internet scams.

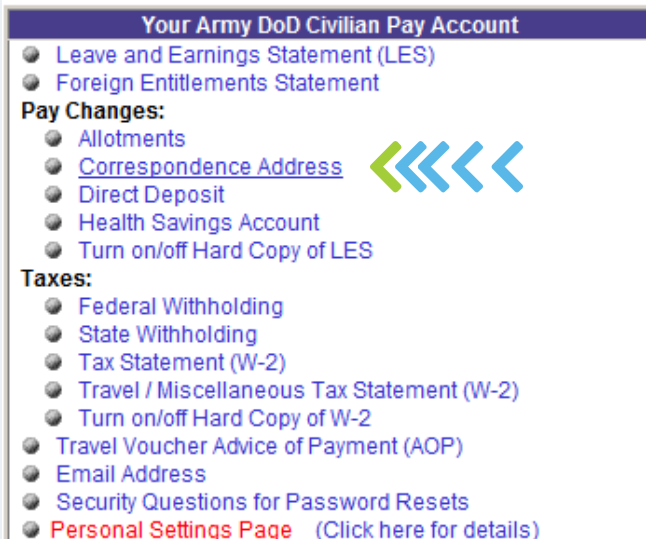
[Important Online Security Tips](#)

myPay NEWS

2012 Tax Statements are Available in myPay

[List of tax statements](#)

Last Date myPay Accessed: 02/21/2013



The 'Your Army DoD Civilian Pay Account' menu lists various options for users. It includes sections for Leave and Earnings Statements, Foreign Entitlements, Pay Changes, and Taxes. The Personal Settings Page is highlighted in red.

Your Army DoD Civilian Pay Account

- Leave and Earnings Statement (LES)
- Foreign Entitlements Statement
- Pay Changes:**
 - Allotments
 - [Correspondence Address](#)
 - Direct Deposit
 - Health Savings Account
 - Turn on/off Hard Copy of LES
- Taxes:**
 - Federal Withholding
 - State Withholding
 - Tax Statement (W-2)
 - Travel / Miscellaneous Tax Statement (W-2)
 - Turn on/off Hard Copy of W-2
 - Travel Voucher Advice of Payment (AOP)
 - Email Address
 - Security Questions for Password Resets
 - **Personal Settings Page** (Click here for details)



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Timeline for Debt Notification and Waiver Process



****Timelines will vary depending on debt history and
timeliness of waiver submission.**



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**Questions regarding debt
waiver packages should be
directed to your servicing
Civilian Personnel Advisory
Center**